

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155038		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/06/2011	
NAME OF PROVIDER OR SUPPLIER  PARKVIEW NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 WHITE RIVER BOULEVARD MUNCIE, IN47303			
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F0000	<p>This visit was for the Investigation of Complaint IN00092574.</p> <p>Complaint IN00092574 substantiated, Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: July 5, 6, 2011</p> <p>Facility number: 000013 Provider number: 155038 AIM number: 100266100</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 64 Total: 70</p> <p>Census payor type: Medicare: 15 Medicaid: 50 Other : 5 Total: 70</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/7/11</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=D	<p>Cathy Emswiler RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a safe environment with the provision of adequate electric wall outlets and the proper use of power surge strips for medical devices and equipment requiring heavy electrical current for 2 residents (Residents A and D), among the sample of 4, reviewed for oxygen therapy.</p> <p>The facility also failed to ensure an electric skillet with a potential for flammability was not used in the presence of oxygen in the room occupied by residents (A and D).</p> <p>Findings include:</p> <p>During the 7/5/11, 9:40 to 11:15 A.M., entrance tour, conducted by Licensed Practical Nurse (LPN #1,) Resident (A) was observed in bed on a low air loss mattress. The head of the bed was elevated 30 degrees. Resident (A) had oxygen by nasal canula at 2 liters per minute. A refrigerator,, micro wave oven, nebulizer for breathing treatments, and a c-pap machine (used to deliver concentrated oxygen), were observed on a</p>			F0323	<p>Please find the attached plan of correction for a visit from your office on July 6, 2011, Survey Event ID# TMKX11, in accordance with state law. We respectfully request that your office will accept this plan as our facility's compliance and that you will consider a desk review in view there were no tags that were deemed to be actual harm or immediate jeopardy.</p> <p>If you have any additional questions,</p>		07/07/2011

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	<p>table next to the bed side.</p> <p>During interview at the time of the tour, Resident (A) indicated she enjoyed snacks and had received special permission to keep an electric skillet in the room..</p> <p>Resident (A) indicated her husband was in every evening and frequently cooked meals in the room using the electric skillet. Resident (A) indicated they had learned the hard way not to have the air conditioner and the micro wave oven on at the same time the electric skillet was in use.</p> <p>Resident (A) did not comment further when asked what had occurred with use of the electric skillet at the same time the air conditioning and micro wave oven were running.</p> <p>Resident (A) indicated a former maintenance man had set up the power surge strips for all the equipment in the room.</p> <p>The 7/5/11, 11:00 A.M., review of the record of Resident (A) indicated an 8/08, admission with diagnoses including, but not limited to, heart failure, morbid obesity, and obstructive sleep apnea. Resident (A) was hospitalized on 2/28/11, with pneumonia and returned to the facility on 3/9/11, with physician orders to continue the C-PAP (concentrated oxygen</p>				<p>please contact me at (765)289-3341. Thank you in advance or your immediate attention in this matter.</p> <p>1. Resident A's electric skillet and microwave was removed from the room during the survey process. Residents A and D's orders were reviewed in addition to the C.N.A. assignment sheets and Care Plan to reflect resident's current status. All medical equipment was provided its own wall outlet for a power source for resident A. All surge protector power strips have been eliminated except one.</p>		

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	<p>therapy ) for sleep apnea. Resident (A) also had 3/7/11, orders for oxygen by nasal canula at 2 liters a minute as needed. A 5/29/11, physician order indicated nebulizer (medicated device to relieve respiratory distress) treatments as necessary.</p> <p>Observation of the number of medical devices, electrical outlets, and power surge strips in use in the room of Residents (A), and (D), the roommate, was made at 3:30 P.M., 7/5/11, with Registered Nurse (RN#1).</p> <p>Power surge strip #1 had 7 sockets with 4 in use, including an oxygen concentrator, a nebulizer for breathing treatments, the C-Pap machine, and an electric can opener. Power surge strip #1 was plugged into the same wall outlet as the air conditioner, which was currently in use. Power surge strip #2 had 6 sockets with 3 in use including a refrigerator, the over bed light, and an electric wheel chair. Power surge strip #3 had 6 sockets with 4 in use including a micro wave oven, a floor fan, a television, and a cable box. Power surge strip #4 had 6 sockets with 3 in use, a lap top computer, a printer, and a cable for internet. Power surge protector #4 was plugged into power surge protector #5. Power surge protector #5 had 3 sockets with 2 in use, a low air loss mattress and the electric bed. Power</p>				<p>The remaining power strip has only resident A's electronic (non-medical) equipment plugged in to it (VCR, laptop computer, radio). There have been additional electrical outlets installed in the room and resident A's refrigerator is plugged directly into a wall electrical outlet. No other residents were identified to have been affected by this alleged deficient practice.</p> <p>2. All resident rooms were assessed and determined to be free of any power strips and electrical appliances. All medical equipment is</p>		

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	<p>surge strip #5 was plugged into a wall outlet.</p> <p>Family member #1 of Resident (A) was interviewed by telephone at 9:40 A.M., 7/6/11. Family member #1 indicated a concern because of the number of electrical appliances, the lack of outlets, and the possibility of sparks from the electric skillet in the presence of oxygen. Family member #1 indicated both Resident (A) and the room mate (Resident D) used oxygen.</p> <p>The record of Resident (D) was reviewed at 2:20 P.M., 7/6/11, and indicated a 10/07, admission with diagnoses including, but not limited to, chronic obstructive pulmonary disease and asthma.</p> <p>A current 4/11/11, plan of care indicated a concern of respiratory distress. Interventions included the use of oxygen at 2 liters a minute as needed.</p> <p>The Director of Nursing (DoN) had been interviewed at 11:30 A.M., 7/5/11, and indicated she was unaware of an electric skillet in use in any resident room in the presence of oxygen.</p> <p>The DoN indicated she was unaware of a policy for the use of electric skillets in resident rooms.</p> <p>The DoN indicated the facility protocol</p>				<p>plugged directly into outlets as determined by audit of all resident rooms and resident medical equipment.</p> <p>3. Resident A has received additional educational information on the safety concerns of food storage and the prohibiting of additional appliances brought into facility for food preparation and a copy of the microwave policy. A 100% audit of the facility was completed on 7-6-11 and no other inappropriate personal electrical appliances were identified.</p> <p>Audits will be completed Q shift x 1</p>		

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	<p>required no flammables in the presence of oxygen.</p> <p>The DoN indicated this was a universal requirement due to possible flammability. The DoN indicated signs were posted at the entrance of each resident room with oxygen in use to alert staff and visitors.</p> <p>This federal tag relates to Complaint IN00092574.</p> <p>3.1-45(a)(1)</p>				<p>month, then bi-monthly, then monthly and as warranted for power surgers, 02 safety and any non-medical electrical equipment. All staff members were in serviced on electrical safety, electrical repair reporting, and medical equipment must be plugged directly into wall outlets, no double plugging for electrical power strips into each other, and reporting to the DON/HFA any identified electrical appliances.</p> <p>4. The safety concerns from this survey will be reviewed monthly in</p>		

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					the facility QA Meetings for 6 months by the Administrator. Further monitoring or updates will be done as indicated by review findings. 5. Date of compliance 7-7-11.		